

PART B - FEE(S) TRANSMITTAL

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1444 7590 03/22/2010
BROWDY AND NEIMARK, P.L.L.C.
 624 NINTH STREET, NW
 SUITE 300
 WASHINGTON, DC 20001-5303

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(Depositor's name)
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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/663,693	09/17/2003	Evgenia Nadler	NUDLER2A	3974

TITLE OF INVENTION: CONTROL OF NITRIC OXIDE BIOACTIVITY BY PERFLUOROCARBONS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$755	\$300	\$0	\$1055	06/22/2010

EXAMINER	ART UNIT	CLASS-SUBCLASS
SACKLEY, EBENEZER O	1624	424-673000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).
 Change of correspondence address (or Change of Correspondence Address form PTO/SB/123 attached).
 "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02, or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list
 (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

BROWDY AND NEIMARK, PLLC
 2 _____
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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

NEW YORK UNIVERSITY

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

NEW YORK, NEW YORKPlease check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are submitted:

4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)

Issue Fee
 Publication Fee (No small entity discount permitted)
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 A check is enclosed. Payment by credit card. Form PTO-2035 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number **02-4635** (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature Sheridan Neimark Date 6/22/10
 Typed or printed name SHERIDAN NEIMARK

Registration No. 20,96

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